

POST IV-2 (Misdemeanor Probation Officer)
(Return this page only to POST)

1. Name of Probation Officer - 4. POST ID # <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> ____-____-____ Last 4 of SSN </div> <div style="text-align: center;"> -____-____-____ 1st Four Letters of First Name </div> <div style="text-align: center;"> -____-____ DAY of Birth </div> </div>	2. POST Class Date: 5. Agency Name:	3. Agency Training Dates
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Name of Training Officers:

 1. _____
 2. _____
 3. _____

This training guide is a listing of the basic misdemeanor probation officer responsibilities, tasks, and procedures. The assigned training officer (F.T.O.) will use this guide during the orientation and training of the probation officer who has successfully completed the basic P.O.S.T. Academy for Probation Officers. The trainer will explain each item, and whenever practical demonstrate the task or procedure. If the trainer is not available to demonstrate the task, an approved substitute may be provided. When the trainer believes the probation officer in training is capable of handling a specific task, s/he will require the probation officer to perform the task while s/he observes. Sufficient time should be allowed for explaining and/or performing each task. When a task has been satisfactorily performed, the trainer will enter the date of the completion in the proper column and initial. This list is not exclusive, and when a task arises that is not on the list, the trainer should demonstrate proper procedure for that task, and then record the task at the end of the guide. *** IF A LISTED TASK OR PROCEDURE DOES NOT APPLY TO YOUR AGENCY, PLACE N/A IN THE ALLOTTED SPACE. IF SOME TASKS OR PROCEDURES LISTED CANNOT BE DEMONSTRATED WITHIN YOUR AGENCY, YOU MAY INQUIRE ABOUT TRAINING FROM A NEIGHBORING AGENCY FOR EXPLANATION AND DEMONSTRATION.**

6. I have been instructed in all items recorded in this agency training guide.

 Signature of Trainee: _____

 Date: _____

7. Reviewed by:

 Signature of Training Reviewer: _____

 Date: _____

8. I attest that the above named Trainee has satisfactorily completed the Agency Training Program.

 Signature of Supervisor/Administrator: _____

 Date: _____